

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

Walker K5384  
 (Last Name) (Identification Number)

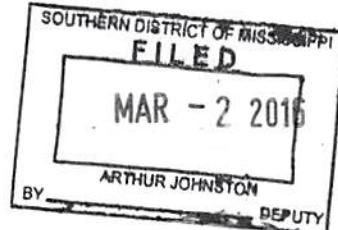
TYRONE JAMES  
 (First Name) (Middle Name)

EMCF  
 (Institution)

Meridian MS 39307  
 (Address)

(Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)

## COMPLAINT

CIVIL ACTION NUMBER: 5:16cv17-DCB-MTP  
 (to be completed by the Court)

v.  
James Burke ETC AL  
MHM Services Co Offices  
MTC WCCF  
MTC EMCF

(Enter above the full name of the defendant or defendants in this action)

## OTHER LAWSUITS FILED BY PLAINTIFF

## NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A. Have you ever filed any other lawsuits in a court of the United States? Yes  No

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

- Parties to the action: Delta Correctional Facility, Tyrone Burke, Rick Banks
- Court (if federal court, name the district; if state court, name the county): Northern District of Mississippi
- Docket Number: \_\_\_\_\_
- Name of judge to whom case was assigned: \_\_\_\_\_
- Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): Failed to file ARP, Mook

**PARTIES**

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Tyrone Walker Prisoner Number: K5384  
Address: East Mississippi Correctional facility  
Meridian, MS 39301

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: James Burks is employed as  
Medical Doctor at Wilkeson  
County Correctional facility

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

**PLAINTIFF:**

NAME: Tyrone Walker ADDRESS: E.M.C.F 5 BTAVO Bed 109  
Meridian Ms 39301

**DEFENDANT(S):**

NAME: <u>James Walker</u>	ADDRESS: <u>Robox 1889 Woodville, MS 39669</u>
NAME: <u>B. Rodriguez</u>	ADDRESS: <u>Robox 1889 Woodville, MS 39669</u>
NAME: <u>Patel Wiley</u>	ADDRESS: <u>Robox 1889 Woodville, MS 39669</u>
NAME: <u>Sergeant Jenkins</u>	ADDRESS: <u>Robox 1889 Woodville, MS 39669</u>
NAME: <u>Sergeant Jones</u>	ADDRESS: <u>Robox 1889 Woodville, MS 39669</u>
NAME: <u>Nurse Parker</u>	ADDRESS: <u>Robox 1889 Woodville, MS 39669</u>

④ Warden Walker WCCF  
Warden of security PO box 1889  
Woodville, MS 39669

② B. Rodriguez WCCF  
Mayor PO box 1889  
Chief of security Woodville, MS 39669

③ Patty Wiley WCCF  
mental Health counselor PO box 1889  
Woodville, MS 39669

④ OMHM services Corporate office  
Centurion of MS  
1593 Spring Mill Rd  
Suite 600  
Vienna, VA 22182

### GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes  No

B. Are you presently incarcerated for a parole or probation violation?

Yes  No

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes  No

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes  No

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes  No , if so, state the results of the procedure: I filed A ARP BUT I WAS  
MOVED before I got the results

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes  No

2. State how your claims were presented (written request, verbal request, request for forms): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. State the date your claims were presented: \_\_\_\_\_

\_\_\_\_\_

4. State the result of the procedure: \_\_\_\_\_

## Statement of fact.

On February 25 2016 Dr. James Burk the M.D at WCCF Beat my left leg with a IV pole in the process of doing so he broke it. This was going on while A Nurse Parker and Officer Jenkins held me down while I was in full restraint. Nurse Parker works for MHM services Corporate. Officer Jenkins is a Sergeant for MTC they failed to stop this doctor from Injuring while I was down. I am suing MTC because they refuse to give me medical Attention for 4 days while I suffered with a broken leg inside of a lockdown cell. MHM service is also being sued because they is contracted by MTC which refused to give me medical Attention for 2 weeks before they sent me to EMCF. Warden Walker is being sued because he to Hospital staff at Meigs County not to put a cast on my leg but just spent it. he is also being sued because he is the warden of security and fail to train officer properly, doing a medical ~~task~~ which I should been sent to the hospital that day instead I was sent back to my cell without medical treatment

(A)

Statement 2

I ARRIVED AT EMCF FROM WCCF ON FEBURARY 9 2016  
I HAD BEEN IN A LOCKDOWN CELL ON A FIRE HAZARD  
ZONE WHERE PATIENT SET FIRES ALL DAY. OFFICER DONT COUNT  
OR DO SECURITY CHECK AT ALL. I HAVE FILED OUT 4 TO 6 SICK  
CALLS COMPLAINING ABOUT BEING IN UNTOLD PAIN TO ALL  
OF THE OFFICERS TO THE NURSES UNIT MANGER ALSO TO  
MENTAL HEALTH COUNSLERS. MY LEG IS BROKEN IN 2 PLACES  
AND HURTS REAL BAD. THE ONLY MEDICATION I HAVE RECEIVED  
IS TEGERAL WHICH I GET FROM THE ~~PSYCHIATRIC~~ PSYCHIATRIC DOCTOR  
AND I DONT GET BECAUSE THE NURSES DONT DO PILL CALL.  
THIS IS WHY EMCF IS BEING NAME IN THIS SUIT  
THAT WILL BE AMEND UPON CAUSE

I declare under penalty of perjury that the  
foregoing statement is true and correct

Spore J Walker  
KS384

EMCF

I am seeking a jury trial

Signed this 19<sup>th</sup> day of February 2016

Jeffrey J. Walker #5581

EMCF Meridian, MS 39301

I declare under penalty of perjury that the foregoing  
is true and correct

February 19 2016

Jeffrey J. Walker

\_\_\_\_\_  
Signature of plaintiff